

19.

**Statement of Organization
Recipient Committee**

Statement Type

☒ **Initial**

Not yet qualified ☐ or

01 / 30 / 2013
Date qualified as committee

☐ **Amendment**

List I.D. number

Date qualified as committee
(If applicable)

☐ **Termination - See Part 5**

List I.D. number

Date of Termination

Type or print in ink

Torrance

1355747

Returned

12-7-2013

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

in the office of the Secretary of State of California

FEB 14 2013

DEBRA BOWEN
Secretary of State

DEBRA BOWEN
Secretary of State

1. Committee Information

NAME OF COMMITTEE

Pat Furey for Mayor 2014

STREET ADDRESS (NO P.O. BOX)

CITY

Torrance

STATE

Ca

ZIP CODE

90504

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Patrick J. Furey

STREET ADDRESS

CITY

Torrance

STATE

Ca

ZIP CODE

90504

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Teresa K. Furey

STREET ADDRESS

CITY

Torrance

STATE

Ca

ZIP CODE

90504

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge and belief, the foregoing is true and correct.

Executed on January 31, 2013
DATE

Executed on January 31, 2013
DATE

Executed on _____
DATE

Executed on _____
DATE

By _____

By _____

By _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME

Pat Furey for Mayor 2014

Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

CANDIDATE OR STATE MEASURE PROponent	OFFICE HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR	PARTY
PAT Furey	Mayor, City of Torrance	2014	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Torrance Community Credit Union	310-618-9111	
ADDRESS	CITY	STATE ZIP CODE
2377 Crenshaw Boulevard, Ste. 150	Torrance	Ca 90501

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

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I.D. NUMBER

COMMITTEE NAME

Pat Furey for Mayor 2014

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee



____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.